CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

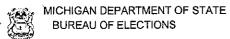
Report must be legible, typed or printed in ink and signed by	3. This Statement covers From:
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	07/21/08 to 08/25/08
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
15095 50 45	Santos Janet
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)
Friends of Janet Santos	Bangor Township Clerk 4b. County of Residence Bay
F. Committee to Mailing Address	
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
4646 Morningside Drive 3ay City MI 48706	Pedro Santos
Say City Wil 40700	4646 Morningside Drive
	Pedro Santos 4646 Morningside Drive Bay City MI 48706 Anandment fails Anandment fails
Area Code and Phone (989) 686-6479	De la De la news
if the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	llan 70 1 70 °
be sent to this address by the filing official.	Area Code & Phone (989) 686-7479
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
,	Dawn Bublitz
9	3322 E. Gregg Drive
	Bay City MI 48706
All the second of the second o	
8	(000) 704 7400
Area Code and Phone	Area Code and Phone (989) 891-7430
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post	-Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
✓ Primary Ger	9e. Dissolution of Candidate Committee
Convention	Effective Date of Dissolution
Convention	
Special Cau	cus
	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
08/05/08	Note: The disposition of residual funds must be reported on Schedule
	1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expe	equired Campaign Statements. The Campaign Statements must include all applicable inditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany to	ed since the information was shown on the committee's Statement of Organization, an his Campaign Statement. If a request for a Reporting Waiver is not received on or hat campaign statement cannot be waived.
 Verification: I\We certify that all reasonable diligence was used ny\our knowledge and belief the contents are true, accurate and contents. 	in the preparation of this statement and attached schedules (if any) and to the best of omplete.
Current Treasurer or Pedro Santos	Tm1 9/19/08
Designated Record keeper Type or Print Name	Signature Date
••	
Candidate Janet Santos	, and Santos Date 9/19/08
Type or Print Name	Signature

1. Committee I.D. Number 15095

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SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Samulative this election by the
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 854.33	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ _\$854.33	(18.) \$ \$854.33
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _\$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$854.33	(20.) \$ \$854.33
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-iK, Column 7)	(6.) \$ \$100.00	(21.) \$ \$100.00
7. In-Kind Expenditures (Schedule 18-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ _\$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$862.53</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$862.53	(23.) \$ \$862.53
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.)	(επ.) Ψ
a, Owed by the Committee (Schedule 1E)	(12a.) \$ \$152.16	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$266.91	-
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$854.33	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ \$1,121.24	<u>-</u>
15. SUBTOTAL Add lines 13 and 14		-
 Amount expended during reporting period (Add lines 9 and 11) 	(16.) - \$ \$862.53	-
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$258.71	_*



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

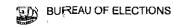
CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/21/08 Name & Address:	-	
David Schmidt		
3290 Patterson Road	_{\$} 250.00	_s 250.00
Bay City, Mi 48706	\$ 200.00	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Business Owner Employer Schmidt Industries, Inc.		
Business Address 3290 Patterson Road, Bay City, MI 48706		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		-
Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/08 Name & Address		
Pedro Santos	_s 584.33	_s 834.33
4646 Morningside Drive	\$ <u>004.00</u>	§ 004.00
Bay City, MI 48706	Click Horo fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation Electrician Employer Delphi/TRW	Click Here it	memo nemization
· · · · · · · · · · · · · · · · · · ·		
Business Address 3900 E. Holland Ave., Saginaw, MI 48601		
Type of Contribution: ☐ Direct ✓ Loan from a person ☐ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/18/08 Name & Address:	_	
Cynthia Luczak 808 Frost Drive Bay City, MI 48706	\$ 20.00	_{\$} 854.33
5. If over \$100.00 cumulative, please provide:	Click Here to	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		and the second s
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
Name & Address ———————————————————————————————————		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer	Olick Fiere to	T Wello Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	····	
Page Subtota	al \$854.33	
Grand Total of All Schedules 1/		
(Complete on last page of Schedule	Enter this total on line 3a of Summary Page.	

ITEMIZED IN-KIND CONTRIBUTIONS

CA	ND	in A	TE	CO	MM	ITTEE
\sim	132	106		UU	141141	1115

ITEMIZED IN THIND CONTR	1500F		
SCHEDULE 1-IF			
CANDIDATE COMM	NITTEE 2. Committee Name Friends of Janet S	3antos	
3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Throug date in Item 5
Contribution # 1 PAC Receipt? Yes Name & Address: Pedro Santos 1646 Morningside Drive Bay City, MI 48706 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Walking cards 5. Date Of Receipt: 07/23/08 6. Vendor Name & Address:	100.00	100.00
Fund Raiser Contribution			
PAC Receipt? Yes Name & Address If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ ck Here for Memo It	
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	ick Here for Memo I	temization
Fund Raiser Contribution	Dans College	1,00,00	0400.00
	Page Subtotal Grand Total of all Schedules 1-II	\$100.00	\$100.00
1 1	(Complete on last page of Schedule	Enter this total on line 6 of Sum Page	lmary



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

15095

2. Committee Name Friends of Janet Santos

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Bay City Democrat		07/21/08	\$ 430.36
Address	Purpose: Printing	Date	
309 Ninth Street			
Bay City, MI 48706	Click	Here for Memo	Itemization Type
Bay Oity, Wil 40700	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Pedro Santos		08/23/08	000.47
r care carries		Date	\$ <u>292.17</u>
Address	_{Purpose:} repay loan	Dato	
4646 Morningside Drive	Click	Here for Memo I	temization Type
Bay City, MI 48706			
	Check box if this expenditure is payment of debt or obligation reported on previous		:
Fund Raiser	statement		:
Expenditure #3			
Name Pedro Santos		08/24/08	\$ 140.00
Address	_{Purpose:} repay loan	Date	
4646 Morningside Drive			
Bay City, MI 48706		Here for Memo I	temization Type
	LCheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			
		Date	\$
Address	Purpose:		
	Click I	Here for Memo I	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
Address	Burnaga	Date	\$
	Purpose:		ļ
	l ——		Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	\$862.53

\$862.53 (Complete on last page of Schedule)

> Enter this total on line 8a of Summary Page

1	1
Page	of



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Numbe

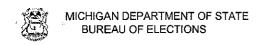
15095

CANDIDATE COMMITTEE

2. Committee Name Friends of

mber	
Frie	ends of Janet Santos

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a ✓ Debts and obligations owed by or forgiven the community (Chec	mittee OR b. Debts ck either a or b. Use only for the pu	and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the com	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Loan	08/23/08 \$ 292.17		
Pedro Santos 4646 Morningside Drive Bay City, MI 48706	5. Date Debt Was Incurred: 07/24/08 6. Original Amount of Debt: \$ 584.33	08/24/08 \$ 140.00 \$ \$	\$ <u>432.17</u>	\$152.16
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$	an chaorses. V	
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:	\$ \$	\$	\$FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$	\$ \$ \$ \$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
	11277 D. 1 W	Page Subtotal	(Outstanding debt)	\$152.16
· ·	omplete on last page of Schedule s	showing amounts owed by o		\$152.16 Enter this total on line 12a "owed by" or line 12b
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during			osing date of	"owed to" of the Summary Page
Page of of				



CANDIDATE COMMITTEE COVER PAGE

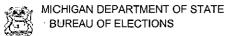
FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	covers From: 07/21/08	to 08/25/08
1. Committee I.D. Number	4. Candidate Las	st Name First	Name M.I.
15095 150195	Santos 4a. Office Sought I	Janet Including District # or Community	Served (If applicable)
2. Committee Name	Bangor	Township Cleri	<
Friends of Janet Santos	4b. County of Resi	dence Bay	
5. Committee's Mailing Address	6. Treasurer's Nar	ne & Residential Address	
4646 Morningside Drive	Pedro Santo	os	
Bay City, MI 48706	4646 Mornin Bay City, MI	•	
Area Code and Phone (989) 686-7479			
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phon	ne (989) 686-7479	
7. Treasurer's Business Address	8. Designated Red Designated Recor	cord keeper's Name and Mailing rd keeper)	Address (If the committee has a
	Dawn Bublit	Z	f on F
	3322 E. Gre	gg Drive	
	Bay City, MI	48706	
			Manus va fundi
		1989) 891-7430	
Area Code and Phone	Area Code and Ph	none (CTT)	1
9. TYPE OF STATEMENT		. —	
9a. Pre-Election OR 9b. Post	-Election	9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:			n Statement (Complete Item 9a, 9b, 9c tatement is being amended)
√ Primary Gen	eral	9e. Dissolution of Candidate	Committee
Convention	ool	Effective Dat	e of Dissolution
Special	nie.		
Date of Election, Convention or Caucus 08/05/08		outstanding debts, including late	y that the committee has no assets or filing fees. Further, I/We request that if that this be considered a request for
		Note: The disposition of residual 1B and the Summary Page.	funds must be reported on Schedule
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, exper If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany the before the filing deadline of a required campaign statement, the	quired Campaign St nditures, and outstar ed since the informa nis Campaign Stater nat campaign state	tatements. The Campaign Stater nding debts count against the \$1, ation was shown on the committe ment. If a request for a Reporti ment cannot be waived.	nents must include all applicable 000 Reporting Waiver threshold. e's Statement of Organization, an ng Waiver is not received on or
10. Verification: I\We certify that all reasonable diligence was used ny\our knowledge and belief the contents are true, accurate and co	n the preparation of mplete.	f this statement and attached sch	edules (if any) and to the best of
Current Treasurer or Designated Record keeper Pedro Santos	, Deda	1.805	9/03/08
Type or Print Name	Signature	1	
Candidate Janet Santos	Sane	t Santos	9/03/08
Type or Print Name			

1. Committee I.D. Number 15095

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Camalauve and closuest cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 270.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$270.00	(18.) \$ \$270.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$270.00	(20.) \$ \$270.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$100.00	(21.) \$ \$100.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$862.53	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _\$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _\$862.53	(23.) \$ \$862.53
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	·
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(100.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$152.16	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$266.91	_
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$_\$270.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ \$536.91	_
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$862.53	
(Add lines 9 and 11)	. ,	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number ____15095

CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
Contribution # 1 Name & Address:	PAC Receipt?		YES 4. Date of Re	eceipt	07/21/08		
David Schmidt							
3290 Patterson F	Road					250.00	250.00
Bay City, MI 487						_{\$_} 250.00	_{\$} 250.00
5. If over \$100.00 cumu		vid	e:			Clink Home Fe	v Mana Itaminatian
Occupation Business	Owner		Employer Schmidt Inc	dustri	es, Inc.	Click Here to	or Memo Itemization
Business Address 329	0 Patterson Ro	ad	, Bay City, MI 48706	3			
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Re	ceipt	08/18/08		
Cynthia Luczak							
808 Frost Drive						_{\$} 20.00	_s 270.00
Bay City, MI 487	'06					· · · · · · · · · · · · · · · · · · ·	T
5. If over \$100.00 cumu	lative, please pro	vid	e:			Click Here fo	r Memo Itemization
Occupation		_ Er	mployer				
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution # 3	PAC Receipt?	Γ	YES 4. Date of Re	eceipt		·	
Name & Address:			.i	•			
						¢.	
						3	\$
5. If over \$100.00 cumu	lativo nlease nro	vid	a.			Click Here for	Memo Itemization
Occupation		- '	Employer	-			
Business Address	Direct		Loan from a person		Fund Paicer		
		_					
Contribution # 4 Name & Address	PAC Receipt?	L	YES 4. Date of R	eceipt			
						\$	e ·
						*	Φ
5. If over \$100.00 cumu	lative, please pro	vid	9:			Click Here for	Memo Itemization
Occupation		-	Employer				
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
· · · · · · · · · · · · · · · · · · ·			and the same of th		Page Subtotal	\$270.00	
				Grand	I Total of All Schedules 1A	\$270.00	<u>-</u>
			(Co		on last page of Schedule)	Enter this total on	_
Page of						line 3a of Summary Page.	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 150

1	5095	
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CAP	אחוחא	AIE.	CO	MMI		
					_	7

	I E U 2 Nove Gree		
Name and Address from whom received If contribution is from an individual, enter last	Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market	8. Cumulative for Election
name first. Check box to indicate if contribution is from a Political Committee or an Independent	5. Date of Receipt	Value	Cycle (Through
Committee (Both are commonly called PACs). Report all in-kind contributions.	Name & Address of Vendor from whom goods or services were purchased		date in Item 5)
Contribution #1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address:	Goods Donated or Loaned Services Donated	100.00	100.00
Pedro Santos 4646 Morningside Drive	Goods or Services Purchased by Candidate or Others		3
Bay City, MI 48706	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide: Occupation:	Description walking cards		
Employer Name & Business Address:	5. Date Of Receipt: 07/23/08		
	6. Vendor Name & Address:	k Here for Memo Ite	amization
	Cit	K Here for Memoria	SINZAGOI
Fund Raiser Contribution			
Contribution #2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address	Goods Donated or Loaned Services Donated		
	Goods or Services Purchased by Candidate or Others	\$	
	Goods or Services Purchased by Candidate or Others- LOAN		
	<u>'</u>		
If over \$100.00 cumulative, please provide: Occupation:	Description		
Employer Name & Address:	5. Date Of Receipt:		
Employof Name a radiose.	6. Vendor Name & Address:		
	Clic	k Here for Memo Ite	emization
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address:	Goods Donated or Loaned Services Donated \$	\$	
	Goods or Services Purchased by Candidate or Others		
	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide:	· 		
Occupation:	Description		
Employer Name & Address:	5. Date Of Receipt:		
	6. Vendor Name & Address: Clic	k Here for Memo Ite	emization
Fund Raiser Contribution			
Tuttu Naiser Contribution			
	Page Subtotal	\$100.00	\$100.00
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$100.00	
	(Enter this total	
		on line 6 of Sumr	mary
1 1		Page	
Page 1 of 1	•		



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

15095

2. Committee Name Friends of Janet Santos

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Bay City Democrat		07/21/08	\$ 430.36
Address 309 Ninth Street	Purpose: Printing Click H	Date lere for Memo	Itemization Type
Bay City, MI 48706	Check box if this expenditure is payment of debt or obligation reported on previous		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Fund Raiser Expenditure #2	statement		
Name Pedro Santos		08/23/08 Date	\$ <u>292.17</u>
Address	Purpose: repay loan		
4646 Morningside Drive Bay City, MI 48706		ere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		_
Expenditure #3			
Name Pedro Santos	rongy logn	08/24/08 Date	\$ <u>140.00</u>
Address	Purpose: repay loan	Date	
4646 Morningside Drive Bay City, MI 48706	Click H	ere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4	old of the state o		
Name			
Address	Purpose:	Date	\$
	Click H	ere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo I	temization Type
	Subtot	al this page	\$862.53
	Grand Total of all S		\$862.53

Page ____ of ___

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS 1. Committee I.D. Number 15095

DZD ; C ; (1.0	Ommuee i.D. Number			
SCHEDULE 1E	Friends of	Janet Santos		
CANDIDATE COMMITTEE 2. C	ommittee Name	barrot carreto		
This Schedule itemizes:				
a ✓ Debts and obligations owed <u>by</u> or forgiven the com (Che	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> o irpose checked.)	r forgiven <u>by</u> the cor	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding Balance at close of this period
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	incurred 6. Indicate original amount of debt			(Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Loan	08/23/08 _{\$} 292.17		
Pedro Santos	5. Date Debt Was Incurred:	08/24/08 _{\$} 140.00		
4646 Morningside Drive Bay City, MI 48706	07/24/08	\$	\$ 432.17	_{\$} 152.16
Day 5.9, 1.11.	6. Original Amount of Debt:	\$	9	C sopours.
	\$_584.33	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:	-	Amo	ount Endorsed: \$	+
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:	\$	 s	
	\$	<u> </u>	*	FORGIVEN
÷		\$		
If bank loan, name of endorser or guarantor:	4	An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$\$		
		<u> </u>		*
	6. Original Amount of Debt:	\$	1 \$	\$
	۵ <u></u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	\$152.16
(C	omplete on last page of Schedule s	Grand Total showing amounts owed by o	of all Schedules 1E or to the committee)	\$152.16
`			·	Enter this total on line 12a "owe by"" or line 12b
A debt or obligation must be shown on this Scheduthis Campaign Statement or it was forgiven during			losing date of	"owed to" of the Summary Page
Page of				